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Medicare Advantage Plans Transition to Humana for 2021

Medicare Member Webinar

August 2020

2021 Open Enrollment is Oct. 15-31, 2020

A Division of the Department of State Treasurer

2021 Medicare Advantage Plan Change

- All members currently covered under UnitedHealthcare (UHC) will be moved to Humana for the 2021 benefit year, which begins January 1, 2021.
- As of January 1, UHC will no longer administer Medicare Advantage plans for the Plan.
- The State Health Plan is committed to making this transition as smooth as possible for our members.



What is Changing and Why

- The State Health Plan's contract with UHC is set to end December 31, 2020.
- As a result, the State Health Plan was **required** to conduct a competitive bid process per state contracting and procurement rules for its Group Medicare Advantage Plans.
- This process resulted in the Plan awarding the contract to Humana effective January 1, 2021.
- Members currently in the UHC Medicare Advantage Plans will **remain** in those plans until the end of 2020.
- This new contract has a potential cost savings of approximately \$600 million over the 3-year contract period, which allows for a significant reduction in dependent premiums for the 2021 plan year!

What is Changing and Why

- The State Health Plan's website has a great video available that discusses this change and will help members separate myth from fact!
- The Plan is dedicated to making this a smooth transition with as little disruption for members as possible.
- The Plan's website also provides a flier for you to distribute to your providers that explains our Medicare Advantage Plans.

www.shpnc.org



GROUP MEDICARE PROVIDER INFORMATION

Take this to your provider


Having a provider you're happy with can play an important role in your health and meeting your needs.

What if my doctor says they do not accept Humana?

Give this flier to your provider

Once you are a member of the Humana Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.

Don't forget to take your Humana member ID card to your first appointment as well.



A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. This member's in-network and out-of-network benefits are the same. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers – If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers – Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at 1-800-626-2743, Monday – Friday, 8 a.m. – 5 p.m., Central time.

NOTE: This number is not for patient use. Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.

Medicare Advantage Passive Network

- The Medicare Advantage Plans will continue to offer a **national “passive” network**, which allows members to continue seeing their current providers regardless of being in or out of Humana’s network.
- Similar to what members are experiencing today, the provider will need to be participating with Medicare and agree to bill the Medicare Advantage plan carrier.
- Humana is currently outreaching to providers to ensure providers are aware our members are able to seek services from out-of-network providers without experiencing a higher out-of-pocket cost.
- If a provider is still resistant to filing a claim with Humana, the member would need to pay for the service and then file a paper claim with Humana for reimbursement (less any applicable copayment/coinsurance).



Medicare Advantage Plan Perks

- ✓ Zero dollar premiums on the Base Plan
- ✓ Significantly lower dependent premiums on Base and Enhanced Plan
- ✓ No deductible
- ✓ Part D Medicare prescription drug coverage
- ✓ No referral for a Specialist
- ✓ SilverSneakers program included



2021 Plan Offerings

- Medicare members will continue to have three State Health Plan options to choose from for 2021:
 - Humana Group Medicare Advantage (PPO) Base Plan
 - Humana Group Medicare Advantage (PPO) Enhanced Plan
 - The 70/30 Plan, administered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC)
- All current UnitedHealthcare members will be moved to the Humana Group Medicare Advantage **Base Plan** for Open Enrollment. If they take no action, they will be in the **Base** plan starting January 1, 2021.
- If you are currently on the Medicare Advantage **Base Plan** or the **70/30 Plan**, you will **REMAIN** on that plan and do not need to take action during Open Enrollment.
- If you are currently on the Medicare Advantage **Enhanced Plan**, you will be moved to the Medicare Advantage Base Plan for the 2021 benefit year. If you would like to elect the Enhanced Plan for 2021, you will need to take action during Open Enrollment.

Changes for 2021

Humana Group Medicare Advantage Base Plan

- There are no changes to benefits with this plan.

Humana Group Medicare Advantage Enhanced Plan Changes:

- A few copays have changed under the Enhanced plan:
 - Primary Care Provider (PCP), Lab, Radiology, Inpatient Hospital, and some prescription copays, to name a few.
 - It will be important for members to review the benefit changes on the Enhanced plan.

70/30 Plan Changes:

- Members who select a Clear Pricing Project Provider as their PCP will enjoy a \$0 copay!
- Reduced copays for members who visit a Clear Pricing Project Specialist
- Preferred and non-preferred insulin will have a \$0 copay for a 30-day supply!
- Preventive services remain free!

2021 Plans Comparison – Medical Benefits

Benefit	Humana Base	Humana Enhanced	BCBSNC 70/30*
Network Providers	You can use in and out-of-network providers but must accept in Medicare and your insurance plan.		You pay less when you use BCBSNC provider network
Annual Medical Out-of-Pocket Maximum	\$4,000 (In and Out-of-Network)	\$3,300 (In and Out-of-Network)	\$5,900 In-network (Individual) \$16,300 Out-of-network (Family) (Combined Medical & Pharmacy)
Annual Deductible	\$0	\$0	\$1,500 In-network (Individual) \$4,500 In-network (Family) (Combined Medical & Pharmacy)
Primary Care Provider (PCP) – Office Visit	\$20 copay	\$10 copay	\$0 for CPP PCP on ID Card \$30 for non-CPP PCP on ID card \$45 for any other PCP
Specialist Office Visit	\$40 copay	\$35 copay	\$47 for CPP Specialist \$94 for other Specialists
Urgent Care	\$50 copay	\$40 copay	\$100 copay
Inpatient Hospitalization	Days 1-10: \$160/Day Days 11+: \$0/Day	Days 1-10: \$125/Day Days 11+: \$0/Day	In-network: \$337 copay plus 30% coinsurance after deductible
Outpatient Surgery	\$250 copay	\$250 copay	In-network: 30% coinsurance after deductible
Ambulance	\$75 copay	\$75 copay	30% coinsurance after deductible

2021 Plans Comparison – Medical Benefits, cont'd.

Benefit	Humana Base	Humana Enhanced	BCBSNC 70/30*
Emergency Room	\$65 copay (Worldwide)	\$65 copay (Worldwide)	Individual: \$337 copay plus 30% coinsurance after deductible
Lab Services	\$40 copay	\$10 copay	If performed during PCP or Specialist office visit, no additional fee if in-network lab used.
Diagnostic radiology services (such as MRIs, CT Scans)	\$100 copay	\$100 copay	In-network: 30% coinsurance after deductible
Therapeutic Radiology Services (such as radiation treatment for cancer)	\$40 copay	\$40 copay	In-network: 30% coinsurance after deductible
Durable Medical Equipment (such as oxygen)	20% coinsurance	20% coinsurance	In-network: 30% coinsurance after deductible

**When enrolled in the 70/30 Plan, cost-sharing amounts between you & the State Health Plan will vary. Medicare pays benefits first and then the 70/30 Plan may help pay some of the costs that Medicare does not cover.*

2021 Plans Comparison – Pharmacy Benefits

Benefit	Humana Base	Humana Enhanced	BCBSNC 70/30*
Pharmacy Maximum	\$2,500 Individual	\$2,500 Individual	\$5,900 In-network (Individual) \$16,300 Out-of-network (Family) (Combined Medical & Pharmacy)
Deductible	\$0	\$0	\$1,500 In-network (Individual) \$4,500 In-network (Family) (Combined Medical & Pharmacy)
Retail Purchase from an In-Network Provider			
Tier 1	\$10 copay per 30-day supply		\$16 copay per 30-day supply
Tier 2	\$40 copay per 30 day supply	\$40 copay per 30-day supply	\$47 copay per 30-day supply
Tier 3	\$64 copay per 30 day supply	\$50 copay per 30-day supply	Ded/Coinsurance
Tier 4	25% coinsurance up to \$100 per 30-day supply		\$200
Tier 5	N/A		\$350
Tier 6	N/A		Ded/Coinsurance
Insulin	\$40 copay – Preferred Brand (Novolog) (30-day supply)		\$0 (30-day supply) Preferred or Non-Preferred

Medicare Member Premiums

HUMANA GROUP MEDICARE ADVANTAGE (PPO) BASE PLAN

COVERAGE TYPE	2021 MONTHLY PREMIUM
Subscriber Only	\$0
Subscriber + Child(ren)	\$4.00
Subscriber + Spouse	\$4.00
Subscriber + Family	\$8.00

HUMANA GROUP MEDICARE ADVANTAGE (PPO) ENHANCED PLAN

COVERAGE TYPE	2021 MONTHLY PREMIUM
Subscriber Only	\$73.00
Subscriber + Child(ren)	\$146.00
Subscriber + Spouse	\$146.00
Subscriber + Family	\$219.00

70/30 PLAN

COVERAGE TYPE	2021 MONTHLY PREMIUM
Subscriber Only	\$0.00
Subscriber + Child(ren)	\$155.00
Subscriber + Spouse	\$425.00
Subscriber + Family	\$444.00

2021 Outreach & Communication Activities

- As a result of the COVID-19 pandemic, the Plan will **NOT** be offering **on-site Medicare** Open Enrollment meetings this fall.
- The Plan will be hosting multiple telephone town halls and online webinars.
- The Plan will also be sending members multiple mailers beginning in August to help navigate members through Open Enrollment.
- Telephone town halls and webinars will be available for Active, Non-Medicare and Medicare populations.



Visit www.shpnc.org to register for a webinar and Telephone Town Hall!

Humana Customer Service

- Humana is open to take your questions about your 2021 Medicare Advantage Plan benefits.
- Please note that their system does not have your personal information and they will only be able to provide general benefit information.
- Humana Customer Service is available Monday-Friday 8 a.m.-9 p.m.

Humana Customer Service
888-700-2263



Making a Change During Open Enrollment

Enroll Online

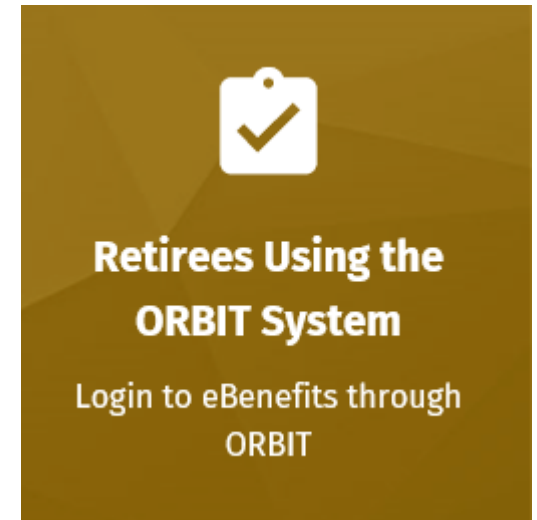
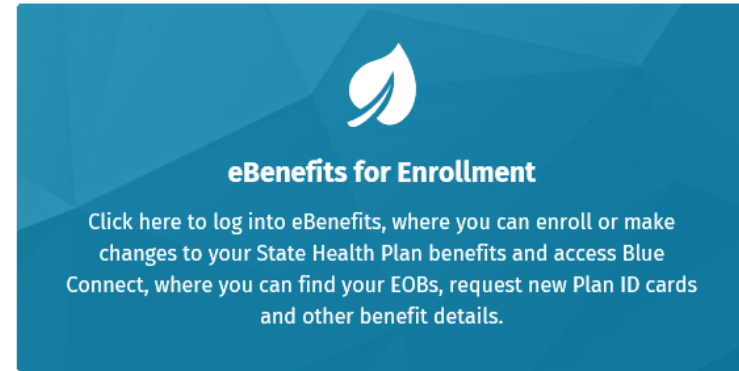
- Visit the State Health Plan website and click eBenefits in the box.
- Then click the gold box for ORBIT or the applicable gold box for other members.
- For retirees, once you're logged into ORBIT, click State Health Plan Benefits.

Enroll by Phone

- During Open Enrollment, the Plan's Eligibility and Enrollment Support Center will offer extended hours.

M-F: 8 a.m. – 10 p.m.

Sat.: 8 a.m. – 5 p.m.



2021 Open Enrollment is Oct. 15-31, 2020

Thank You!

Questions?



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North Carolina
State Health Plan

FOR TEACHERS AND STATE EMPLOYEES

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